

THE UNIVERSITY OF MISSISSIPPI PAYMENT FOR SERVICES AS A CONTRACTOR

PLEASE PRINT ALL INFORMATION

Attach a **W-9 tax form** if you are a new vendor!

Name (Please Print):	Vendor # or Tax ID #:
Mailing address for check (Please Print):	Employer: (Where are you regularly employed?)
Phone number (include area code):	E-mail address:
Have you ever been paid by the University as a Contractor? YES NO If NO, you must complete and attach a W-9 form.	Are you a US citizen? YES NO If NO, STOP! A Form 13S must be approved by the Office of International Programs and attached to this form.

Are you a current UM Employee: If YES, STOP! Employees cannot be paid as contractors.	YES	NO
Are you a current UM student: If YES, STOP! UM students should not be paid as contractors.	YES	NO
Are you related to a University Employee: If YES, name, department, & relationship: _____	YES	NO
Are you retired and currently receiving benefits from PERS?	YES	NO
Have you been paid for services performed for the University during the past three months?	YES	NO
Will the University set the number of hours and/or days per week that you are required to work as opposed to allowing you to set your own schedule?	YES	NO
Will the department provide you with specific instructions or training regarding performance of the required work rather than rely on your expertise?	YES	NO
Do you provide the same or similar services to other entities or to the general public as part of a trade or business?	YES	NO
Will the University provide tools and materials?	YES	NO

Dates of Service:	Rate of Compensation:
-------------------	-----------------------

Description of Services Provided: _____

I certify that the information above is true and accurate as of the date services were provided.

Contractor's Signature	Date
------------------------	------

*****TO BE COMPLETED BY UM DEPARTMENT*****

Is this related to a sponsored research project?	YES	NO	Total Compensation: \$ _____
Written Contract for Services? (Encouraged if over \$5,000) IF YES, attach copy of executed contract.	YES	NO	Fee for Services: \$ _____
Invoice/expense receipts provided by contractor? IF YES, attach original invoice/receipts.	YES	NO	Stipend (No Services): \$ _____
			Expense Reimbursement: \$ _____
			UM Account Number: _____

Approved by University of Mississippi Representative	Date
--	------

*UM Dept: After creating the E-Form 13, notate the form # above, attach all required documentation, and submit this form to Procurement Services for payment.